

Provider Insider

Alabama Medicaid Bulletin

January 2003

The checkwrite schedule is as follows:

01/03/03 01/17/03 02/07/03 02/21/03

03/07/03 03/21/03 04/11/03 04/25/03 05/09/03 05/23/03 06/06/03 06/20/03

As always, the release of direct deposits and checks depends on the availability of funds.

HIPAA Training for Providers and Vendors Available

Beginning in February 2003, the EDS Outreach team will offer training to providers and vendors on the mandated transactions being implemented as a result of HIPAA. Training will encompass all changes to the systems being currently used by Medicaid, as well as any information relevant to the daily processing of claims. A schedule of training dates will be available on the Alabama Medicaid website by January 2003. The schedule will indicate dates and times for each training session being offered. An on-line registration form will also be available on the website for providers and vendors to complete. Each training session will cover a specific transaction being implemented for HIPAA. Transactions that will be covered during training include:

- 270 and 271 Health Care Eligibility Request and Response
- 276 and 277 Health Care Claim Status and Response
- 278 Health Care Services Review and Response
- 820 Health Care Premium Payment
- 834 Health Care Enrollment & Maintenance
- 835 Health Care Claim Payment / Advice
- NCPDP version 5.1
- 837P Health Care Claim: Professional
- 837D Health Care Claim: Dental
- 837I Health Care Claim: Institutional

For more information regarding the upcoming training for HIPAA or any HIPAA related issues, contact the EDS Outreach via E-mail at HIPAA@alxix.slg.eds.com or by telephone at (334) 215-4250.



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Pass It On!

Everyone needs to know the latest about Medicaid.

Be sure to route this to:

- Office Manager
- Billing Dept.
- Medical/Clinical Professionals
- Other _____

Medicaid Policy for Prophylaxis and Fluoride Treatment Billing

Alabama Medicaid Agency policy for prophylaxis and fluoride treatments follows the rules outlined in the American Dental Association Current Dental Terminology (CDT-3) Manual. These same rules will apply in their CDT-4 Manual effective January 1, 2003. These rules are also described in Chapter 13 (page 13-11 of October 2002 version) in the Alabama Medicaid Provider Manual.

These rules require that when billing for prophylaxis **and** fluoride treatment performed on the **same** date of service for a recipient, use of only the combined code is appropriate:

- D1201 Topical fluoride with prophylaxis – Child (up to and including age 12)
- D1205 Topical fluoride with prophylaxis – Adult (over 12 years of age)

Use of separate codes: D1110, D1204, D1120 or D1203 when **both** prophylaxis and fluoride are performed on the same date of service is not appropriate, nor allowed.

Explanation of Payment (EOP) Messages were sent out on the November 22, 2002 EOP prior to the implementation of the new system audit. Changes in the system required to ensure that billing is consistent with Agency policy does not require provider notification. Providers found billing inconsistent with Agency policy will be referred for review. However, in an attempt to keep providers updated on changes, the Agency will continue to provide as much information as possible. The Agency will continue to review program billing and utilization as required by the federal government and to implement system changes where needed.

Documentation of Other Insurance Payments

Providers must submit claims with third party denials on paper with a copy of the third party denial attached. Because Blue Cross – Blue Shield C+ policies do not cover the annual Medicare Part B deductible, system changes have been made to allow providers to submit HCFA-1500 claims electronically when the following criteria is met:

- The recipient is covered only by Medicare, Medicaid, and C+, and
- The Medicare Allowed Amount and the Medicare Deductible are the same.

Claims where the Medicare Allowed Amount and the Medicare Deductible are not equal, providers must submit a hard copy claim with a copy of the insurance denial attached. Additionally, if the recipient is insured with another health plan and that plan denies coverage, providers must submit a hard copy claim with a copy of the insurance denial.

The website address for the Excluded Individuals/Entities (LEIE) is:

**[http://oig.hhs.gov/fraud/
.exclusions.htm](http://oig.hhs.gov/fraud/exclusions.htm)**

Medicaid Tidbits

New Policy for Private Duty Nursing

Effective January 1, 2003 recertifications for continuation of private duty nursing will be required every 90 days instead of every 60 days.

Recertifications, along with the required documentation, must be received 14 days prior to the expiration of the recertification period. Recertifications not received timely will be approved effective on the date of receipt.

VFC Vaccines Billing Information for Providers

The Alabama Department of Public Health advises providers that if a patient request a VFC vaccine and has Medicaid and a third-party insurance company, the provider should give the patient the VFC vaccine and file for reimbursement with Medicaid.

Medicaid will file with the client's third party insurance. EPSDT and vaccine visits are the only exemptions from third-party liability.

For more information, visit the Alabama Department of Public Health Website at www.adph.org/immunization/ or contact Susan Bland at 1-800-469-4599.

Billing Changes for Nebulizer

Effective January 1, 2003, the purchase of a nebulizer (E0570) shall be limited to four (4) years instead of two (2) years. This is the only change being made to the criteria for a nebulizer.

Updated ICD-9 Diagnosis Codes to be Used in 2003

The Alabama Medicaid Agency has updated its records to include the 2003 sixth edition of the ICD-9-CM diagnosis codes. As a reminder, all diagnosis codes must be carried to the highest subdivision. Effective January 1, 2003, Medicaid will only recognize codes in the 2003 sixth edition.

Cochlear Implant Policy Revision

Effective January 1, 2003, Medicaid has added the following as a covered service (requires prior authorization), for a Medicaid approved Cochlear Implant recipient:

- Replacement for a cochlear implant processor
- Hearing services, miscellaneous (processor battery, cords, etc)
- Repeat cochlear implant implantation

Effective June 1, 2002, Medicaid also added coverage for a personal FM transmitter & microphone, upon request and after prior authorization, for use by a Medicaid approved cochlear implant recipient.

If you have additional questions regarding this information, and for a policy manual with specific cochlear implant information please call Carol Akin at 334-242-5455.

Medicaid Updates 2003 HCPCS Codes

Medicaid's system has been updated to accept the 2003 HCPCS codes effective for dates of service on or after January 1, 2003. However, the codes added for 2003 have not been priced yet and will suspend until a price is established. The deleted codes will continue to be accepted through March 30, 2003.

Have You Visited The Medicaid Website Lately?

Recent updates to the HIPAA website have now been completed. The website includes a general overview of HIPAA, what the standard will accomplish and who it affects. It includes deadlines for implementation and many informative links such as, links to CMS and DHHS. Answers to frequently asked questions are included as well a link for you to email us with any questions regarding HIPAA that you may have. If you haven't visited us lately, please do so at www.medicaid.state.al.us.

www.medicaid.state.al.us

Medicaid Requires All PHP Claims be Filed According to Guidelines

All PHP claims must be filed according to the established PHP filing limit guidelines. All inpatient claims must be filed within 120 days from the end of the fiscal year which begins October 1 and ends September 30. The filing limit is the last day of February of the following year. Listed below are examples of filing deadlines:

- Any inpatient claims for retroactive eligibility with dates of service from October 1 through September 30 that are filed after the last day of February of the following year will be denied by Medicaid. Hospitals must seek payment, if any, from the PHP. Recipients **may not** be billed for claims denied for this reason. However, a hospital that accepts a patient as private pay before rendering service is not obligated to bill Medicaid if the patient receives retroactive eligibility after the PHP filing limit. Recipients **may** be billed in these cases.
- Any inpatient claims with dates of service prior to October 1 of the previous fiscal year are considered outdated. Recipients **may not** be billed.
- Any inpatient claims with dates of service from October 1 through September 30 that are filed after the last day of February of the following year will be denied by Medicaid as exceeding the PHP filing limit. Recipients **may not** be billed for claims denied for this reason.
- Any inpatient claims with dates of service from October 1 through September 30 that are filed after the last day of February of the following year with third party liability action (either paid or denied) will be denied by Medicaid. The usual third party filing limits will not apply. Recipients **may not** be billed for claims denied for this reason.

Important Mailing Addresses

Pharmacy, Dental, and UB-92 claims	EDS Post Office Box 244033 Montgomery, AL 36124-4033
HCFA-1500	EDS Post Office Box 244034 Montgomery, AL 36124-4034
Inquiries, Provider Enrollment Information, Provider Relations, and Diskettes for Electronic Claims Submission (ECS)	EDS Post Office Box 244035 Montgomery, AL 36124-4035
Medicare Related Claims	EDS Post Office Box 244037 Montgomery, AL 36124-4037
Prior Authorization (to include Medical Records)	EDS Post Office Box 244036 Montgomery, AL 36124-4036
Adjustments / Refunds	EDS Post Office Box 244038 Montgomery, AL 36124-4038

Provider Electronic Solutions (PES) Software Version 1.10 is Available

EDS Provider Electronic Solutions Software Version 1.10 Request Form

DATE REQUESTED: _____

PROVIDER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: () _____

CONTACT NAME: _____

What version of Windows do you have on your PC?

Windows 95 Windows 98 Windows NT Other _____

- 1 CD ROM
- Diskette
- Complete Install of PES
- Upgrade

Mail this request to:
EDS
P.O. Box 244035
Montgomery, AL 36124-4035

Version 1.10 of the PES software is now available. It contains the removal of LTC census information and the addition of more EPSDT screening information on the eligibility verification transaction.

There are two forms of PES software that are available to providers free of charge. The first is a complete install of PES. This form of the software should be ordered if you have never installed PES on your computer. This form contains the complete installation program including the database and base list files. **If PES already exists on your computer and you install this form of PES, you will overwrite your database and any existing list files (recipient, provider, procedure code, etc... databases).** The second form of PES should be ordered if you already have PES on your computer. This form of the software is an upgrade. Upgrades contain any improvements or additions that we have added to the earlier versions of PES. **Upgrades will not overwrite your database or list files.**

If you need a copy of version 1.10 of the PES software, please complete the above form and mail it to EDS or download it from the Medicaid website.

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